

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90173 006 ***150.00

052207

DOCUMENT # 496425

1. Entity Name

94TH AERO SQUADRON OF MIAMI, INC.

Principal Place of Business

Mailing Address

**4155 E LA PALMA AVE
 SUITE 250
 ANAHEIM CA 92807**

**4155 E LA PALMA AVE
 SUITE 250
 ANAHEIM CA 92807**

0006344



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **95-3062764**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DV	<input type="checkbox"/> Delete
NAME	TALLICHET, CECILIA	
STREET ADDRESS	4155 E LA PALMA AVE #250	
CITY-ST-ZIP	ANAHEIM CA	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TALLICHET, DAVID C., JR.	
STREET ADDRESS	4155 E LA PALMA AVE #250	
CITY-ST-ZIP	ANAHEIM CA	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MCMAHON, JUDITH	
STREET ADDRESS	4155 E LA PALMA AVE #250	
CITY-ST-ZIP	ANAHEIM CA	
TITLE	AT	<input type="checkbox"/> Delete
NAME	ROYSE, BOB D	
STREET ADDRESS	4155 E LA PALMA AVE #250	
CITY-ST-ZIP	ANAHEIM CA	
TITLE	ST	<input type="checkbox"/> Delete
NAME	TALLICHET, CECILIA	
STREET ADDRESS	4155 E LA PALMA AVE #250	
CITY-ST-ZIP	ANAHEIM CA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cecilia Tallichet

CECILIA TALLICHET

4-19-01

714-579-3900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)